PRINTED: 08/01/2008 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | | COMPLETED | | |
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| | | 09G178 | B. WIN | 1G _ | | 07 <u>/</u> 17 | //2008 |
| . – . | ROVIDER OR SUPPLIER WASHINGTON | | | 1 | REET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019 | | |
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| W 104 | 15, 2008 through initiated using the random sample of a resident populat disabilities. In additional conducted of a this placement) and st findings of the sur observations, interested of a this review of client and including incident 483.410(a)(1) GO The governing both budget, and operatively, the governing both conducted on observations, the governing both conducted on observations. This STANDARD Based on observations and operatively, the governing both conducted on observations. | urvey was conducted from July July 17, 2008. The survey was fundamental survey process. A two clients was selected from ion of four men with various dition, a focused review was red client's active treatment (day affing (one-on-one) needs. The vey were based on rviews with clients and staff in wo day programs, as well as a dadministrative records, reports. VERNING BODY dy must exercise general policy, ating direction over the facility. is not met as evidenced by: ation, interview and recording body exercised general onal direction over the facility, wing areas. de: | W | | GOVERNMENT OF THE DIST DEPARTMENT OF HEALTH REGULATION A 825 NORTH CAPITOL ST. WASHINGTON, D | RICT OF COI HEALTH DMINISTRAT , N.E., 2ND FL | ION |
| | governing body to incidents, such as and rectal bleedin investigated in acc. Cross-refer to failed to ensure theffective means to for Client #2. | W153 and W154. The alled to ensure that unusual abrasions of unknown etiology g, were reported and cordance with facility policies. W159.6. The governing body at the facility established an coobtain accurate body weights | | | Refer to W 153 & PP. 6 &7 Individual #2 is being weighed at the of the day with the similar amount of ensure accuracy of his body weight. Currently being weighed on a chair so In the future, the nursing staff & Qmr that client #2 is weighed accurately. | clothing to He is cale. p will ensure | 8-08-08 |
| LABORATOR | Y DIRECTOR'S OR PROV | IDER/SUPPLIER REPRESENTATIVES SIGN | VATURE, | A | aganin Time | (| (X8) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the inalitution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| W 104 | 3. Cross-refer to V failed to ensure that established a mean Diastat medication accordance with plusuitable alternative from the neurologis 483.410(c)(2) CLIE The facility must keep contained in the cli | V331. The governing body It the facility's medical team as of ensuring that Client #1's was administered in hysician's orders, or that a treatment plan was secured at and primary care physician. | | | The diastat was ordered by the neu- administer to client # for seizures the three minutes or longer, and then to him to the ER; however, the facility provide the medication to the day pro- the nurse coordinator contacted the return contacted the Neurologist. The has discontinued the diastat. Refer the In the future, the nursing staff and will ensure that the the day program the PRN medication, and that the aplan was secured. The alternative treatmentplan was #3 to the ER which was implement facility. | at lasted transport failed to rogram PCP, who in the Neurologist to attach # 1 Qmrp Its provided w Iternate treatm to send client | 7-29-08 ith ent |
| | Based on observation confidentiality of the four resident individuals served. The findings include | | | | | | |
| | diet chart was obsine refrigerator door in specialized, prescuines dente, including that addressed refidietary concerns. 2. On July 15, 200 review of the Medi (MAR) book follow medication pass refinition of all individuals refinition to the full names, social | erved posted openly on the inthe kitchen. It listed the ribed diets for all four of the g Client #4's mealtime protocol lux, regurgitation and other in the protocol lux, regurgitation and regurgitation and regurgitation and regurgitation and regurgitation and regurgitation and regurgitation | | | All diet orders were removed from of the refrigirator. In the future, the facility will ensure individuals' information are kept corunconspiciously. Refer to attachment #2 All the individuals' personal informatemoved from the front the MAR. In the future, the facility will ensure individuals' information are kept coruntation. | that the ifidentially or tion were | 7-17-08 7-17-08 |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUFPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) N A. BUI | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | | |
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| W 112 | Continued From pa | _ | W | 112 | | | | |
| W 120 | | supervised apartment settings. VICES PROVIDED WITH ES | W | 120 | | · | | |
| | The facility must as meet the needs of | ssure that outside services each client. | | | | | | |
| · | Based on interview failed to ensure that | is not met as evidenced by: y and record review, the facility at outside services met the o clients in the sample. (Client | | | • | | | |
| | The finding include | es: | | | | | | |
| | group home was u | r falled to ensure that the pdated on the status of Client periodontitis during his visits for plaxis, as follows: | | | | | | |
| | AM, when he smile teeth. Interview wi day, at approximat concern that he had concerned that his especially when he staff stated that the plan, dated Novem goal to his decrease chewing on inanim revealed that they been to the dentist request to date for | ent #2 on July 15, 2008, at 7:22 ed revealed he had crowded ith day program staff later that sely 12:40 PM, indicated their id bad breath. They also were gums sometimes bled, e bit hard objects. Day program e client had a behavior support ber 2007, which included a se incidents of sucking or late objects. Further interview thought the client had recently the However, there had been no assisting him with e at the day program. | | tt tv V | It is the responsibility of the agency the coordination of the outside services the individuals. The Qmrp has contacted the day programator to implement the teeth brigoal to assist client # 2 with toothbrushile at the day program. Furthermore, the nurse coordinator will copy of the previous dental consult for review prior to the examination. The future, the nursing staff, and Qrensure that the dentist provides the hours are the dentist provides the dentist provides the hours are | ram ushing ushing Il attach a r the dentist mrp will ome with | 8-12-08 | |
| | | July 16, 2008 revealed the of periodontitis, halitosis and | | | | | | |

| AND PLAN OF CORRECTION DENTIFICATION NUMBER: | | 1' ' | | | | (3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | DUS) COMPLETION DATE |
| W 149 | eeth. On June 27, noted "Findings. F/orophylaxis with poleeth 2 - 3 times damonths)." A dental June 4, 2008 reveal scaling, adult prophecommendation: F/U in 6 months." Aside from documed dentist failed to prowritten findings on diagnosed halitosis there was no evide the group home recibient's dental hygie 483.420(d)(1) STAICLIENTS The facility must depolicies and proced mistreatment, negliated facility's incident mistreatment. The findings including the facility's incident mistreatment and discovered on the I on April 14, 2008 with accordance with | alculus and plaque on his 2007, for example, the dentist u: generalized scaling, lish. Recommendation: brush illy. Return appointment (6 consultation report dated led "Finding: full mouth hylaxis and polishing. Brush teeth 2 - 3 times a day. enting treatment rendered, the vide the group home with the status of Client #1's and periodontitis. In addition, note that the dentist advised garding the effectiveness of the ene program. FF TREATMENT OF evelop and implement written fures that prohibit ect or abuse of the client. Is not met as evidenced by: to consistently implement the anagement policies. e: V153.1. There was no prasion/ reddened area eft side of Client #1's forehead was reported and investigated | | 149 | It is the responsibility of the agency the coordination of the outside service to the individuals. The Qmrp has contacted the day procoordinator to implement the tooth I goal to assist client # 2 with toothor while at the day program. Furthermore, the nurse coordinator we copy of the previous dental consult for review prior to the examination. In the future, the nursing staff, and Censure that the dentist provides the I the current status of individual #2 diagnosed halitosis and periodontitis. | es rendered gram brushing ushing ill attach a br the dentist mrp will nome with | 8-12-08 8-03-08 |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MU A. BUILI | LTIPLE CONSTRUCTION DING | (X3) DATE SU COMPLE | (X3) DATE SURVEY COMPLETED | |
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| W 149 W 153 | Client #1's day prog the toilet was report accordance with fa | bruary 7, 2008 incident wherein gram staff observed blood in ted and investigated in | | Client # 1 was evaluated by the based on the day program repor but no blood was present when movement at home. To prevent of this type of miscommunication will follow-up on all reports or in the day program to ensure that appropriate medical intervention | t of blood in stool he had bowel re-occurance i, the nursing staff cidents from | - | |
| | mistreatment, negli injuries of unknowr immediately to the | nsure that all allegations of ect or abuse, as well as a source, are reported administrator or to other ace with State law through lures. | | appropriate medical intervention All incidents from the day progra and investigated in accordance w There will be a communication lo day program and the facility to e occurances are documented. The dialogue with the nurse during In the future All incidents from the will be reported, and investigate facility policies. | m will be reported with facility policies by between the nsure that daily e Qmrp will have the site observatione day program | ins. | |
| | Based on interview review of client rec ensure that all injur- consistently reports | is not met as evidenced by: y, review of incident reports and ords, the facility failed to ries of unknown origin were ed immediately to the to the State agency. | | | | | |
| | #1's Nurse Progres revealed the follow "April 14, 2008, 7 A side of forehead. I "April 14, 2008, 7 A forehead cleaned antibiotic ointment "April 15, 2008, 7:4 side of forehead of solution and antibiodrainage present." "April 16, 2008, 1:2 < PCP> forehead | 18, at 3:45 PM, review of Client is Notes in the residence ing: AM - Reddened spot on left No open area noted." PM - Abrasion on left side of with normal saline solution and applied. No noted drainage." 40 PM - Reddened area on left eaned with normal saline otic ointment applied. No | | All injuries of unknown origin mand investigated according to the management policies. The facility the indident of the reddened spot forehead on 4-14-08 The staff were inserviced on the and documentation refer to attachment # 3 In the future, the facility will ensincidents of unknown origin are to the agency administrator, and documented, and investigated a incident management policy. In the future All incidents from thand investigated in accordance we facility policies. | e incident y failed to docume t on the left side of incident reporting ure that all of the immediately repor d state agency, ccording to the the day program w | nt of 8-01-08 ted | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTI | IPLE CONSTRUCTION | (X3) DATE SU COMPLE | (X3) DATE SURVEY COMPLETED 07/17/2008 | | |
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| W 153 | Mental Retardation revealed no evider reddened area had administrator or to accordance with a 2. On July 15, 200 program Activities client had experier injuries. He directs appropriate section February 7, 2008, documented on a (FER) form that blo Client #1 had used the nurse "and bloo Could not see whe hemorrhoids. Plea accordingly." On July 17, 2008, #1's nurse progres revealed the follow 2008: "Note from continue to be mod Designated nurse 8, 2008, 7:00 AM r "BM last night, no At 4:50 PM, the LF Nurse was asked a stated that day problood in the common been sure that it he further stated that observed in his closed a direct quote takes." | LPN Coordinator and Qualified Professional (QMRP) to that this injury of the been reported to the facility's the State agency in gency policies. 8, at 1:28 PM, Client #1's day Coordinator was asked if the ced any unusual incidents or ed this surveyor to the of the client's record. On the day program nurse further Evaluation Report and was seen in the toilet after it. He was then assessed by and was noted in his rectal area, ther or not he has use re-evaluate and treat at 4:00 PM, review of Client is notes in the residence fing entry, dated February 7, lay program stating blood initored for blood in stool. was made aware." A February nurse progress note indicated | W 153 | Client # 1 was evaluated by the factorial assed on the day program report out no blood was present when he movement at home. To prevent the first type of miscommunication, will follow-up on all reports or incidented as the program to appropriate medical attention is imal incidents from the day program and investigated in accordance with the will be a communication log day program and the facility to ensoccurances are documented. The candialogue with the nurse during the future All incidents from the reported, and investigated in accordacility policies. | of blood in stool had bowel had bowel e occurance the nursing staff dents that be ensure that plemented. will be reported the facility po between the sure that daily mrp will have be site observation day program with the sure with | icies. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| W 153 | his rectal area," the having seen the FE QMRP was presenthat she had not be She further indicate program on Februa incident) and the bibrought to her attention of the QMRP and LP acknowledged that had not been report the State agency, athe facility as an injustical expension of the State agency, athe facility as an injustical expension of the State agency, athe facility as an injustical expension of the State agency, athe facility as an injustical expension of the State agency, athe facility as an injustical expension of the state agency. At the facility as an injustical expension of the state agency at the facility as an injustical expension of the state agency. At the state of the st | ELPN Coordinator denied ER. The immediate-past t at the time. She indicated ten informed of a bloody stool, ted that she had visited the day ary 11, 2008 (4 days after the ten cody stool had not been the cody stool had not been the coordinator both Client #1's bleeding episode ted to their administrator or to tes it had not been perceived by terry of unknown origin. FF TREATMENT OF | w. | 154 | Client # 1 was evaluated by the facility based on the day program report of bit but no blood was present when he had novement at home. To prevent the resoft this type of miscommunication, the will follow-up on all of the reports or it are reported by the day program to enappropriate medical attention is implered. Ill incidents from the day program will and investigated in accordance with far here will be a communication log bet day program and the facility to ensure a dialogue with the nurse during the succession of the future All incidents from the day be reported, and investigated in accordance with facility policies. | ood in stool, d bowel coccurance nursing staff incidents that mented. I be reported acility policies ween the that daily p will have ite observation | ons |
| | Based on record refailed to document unknown origin we The findings includ Cross-refer to W15 Client #1's day prothe toilet. He was nurse and a note w 2008, review of Cliresidence as well a QMRP and LPN Chome had been aw There was no evidence was no evid | is not met as evidenced by: eview and interview, the facility that all potential injuries of re thoroughly investigated. e: 63.2. On February 7, 2008, gram staff observed blood in assessed by the day program ras sent home. On July 17, ent #1's records in the is onsite interviews with the bordinator revealed that the rare of the bleeding episode. ence, however, that the cause I been investigated. | | | Client # 1 was evaluated by the facilibased on the day program report of bit to but no blood was present when he had movement at home. To prevent the resort this type of miscommunication, the will follow-up on all of the reports or are reported by the day program to erappropriate medical attention is implered. In the communication log bet day program and the facility to ensure occurances are documented. The Qmit a dialogue with the nurse during the standard program and investigated in accordance with facility policies. | lood in stool, d bowel e-occurance nursing staff incidents that mented. If the reported acility policies tween the that daily ro will have site observation of the program well bowel the program well bowel to be the program well | t ons |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MUL | TIPLE CONSTRUCTION | (X3) DATE SU COMPLE | |
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| W 154 W 159 | This is a repeat de Deficiency Report | eficiency. See Federal t dated August 23, 2007. IFIED MENTAL | W 15 | | | in a series de la companya de la com |
| - | integrated, coordi qualified mental re | ve treatment program must be inated and monitored by a etardation professional. | | | 144 | |
| | Based on observe verification, the Q Professional (QM | is not met as evidenced by: ation, staff interview and record tualified Mental Retardation IRP) failed to coordinate and for two of the two clients in the #1 and #2) | | | | |
| | The findings inclu | ıde: | | and the second second | | |
| | | th W120. The QMRP failed to atus of Client #2's diagnosed odontitis. | | Refer to W 120 PP 3 & 4 | | 8-08-08 |
| | failed to ensure the abrasions of unkr | W153 and W154. The QMRP hat unusual incidents, such as nown etiology and rectal ported and investigated in facility policies. | | Refer to W 153 & 154 PP , 6 | 38.7 | |
| | ensure that Clienguidance to staff He was not obsein the facility. His p | W247. The QMRP failed to t #1's plan provided sufficient on the use of his safety helmet rved wearing the helmet while in hysician's orders, however, and s of his plan did not reflect client | | The helmet protocol was develop which indicates when client #3 stremove his helmet. Once approve the physician order and other conreflect client #3 choice. Refer to attachment # 4 | nould wear, or ed by the HRC, | 8-04-08 |
| | | W262. The QMRP failed to acility's Human Rights | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION ICENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| W 159 | | ige 8 addressed Client #1's right to safety helmet when he was hot | W | 1 1 | The helmet protocol will be presented IRC on 8-18-08; The committee will a dient # 3 right to refuse to wear his seelmet when he is hot or uncomfortab beincorporated in his plan of care. | ddress afety | 8-18-08 |
| | monitor and coordi | V331.1. The QMRP falled to nate Client #1's seizure cility's medical team. | | ļ | Refer to W 104 Refer to W 331.1 P. 17 | | 7-29-08 |
| | nursing team to en measurements well accordance with phonon on July 15, 2008, a medication nurse of Carnation Instant Esupplement was progain. He drank the observation that danis breakfast, lunch and dinner. When the LPN Coordinate refused to stand staccurate reading of since replaced the scale. However, Chille seated in the difficult to obtain at Coordinator stated they might encourse. | ed to collaborate with the sure accurate weight re obtained for Client #2, In hysician's orders, as follows: at approximately 7:02 AM, the reversity as a can of Breakfast. She stated that the rescribed to encourage weight a supplement quickly and any showed that he ate 100% of an afternoon snack (doubled) interviewed on July 16, 2008, for stated that the client had fill long enough to obtain an an bathroom scales. They had bathroom scale with a chair client #2 moved continuously new chair scale, still making it in accurate reading. The LPN that she was not sure how age the client to remain still as being assessed. | | | The Qmrp will collaborate with the nu by ensuring that client # 2 is weighed amount of clothing in order to obtain h weight. In the future the Qmrp will ensure tha measures are in place in order to obta accurate weight. | with the sam nis accurate t appropriate | |
| | Although record re prescribed to be w possible issues reg weights. On July 1' records were revie approximately 1:00 | view revealed the client was eighed weekly, there were garding accuracy of the client's 7, 2008, Client #2's nutritional | | | The Qmrp will collaborate with the numby ensuring that client # 2 is weighed amount of clothing in order to obtain tweight. In the future the Qmrp will ensure that measures are in place in order to obtain the courate weight. | with the san the accurate t appropriate | 8-08-08 |

| W 159 Continued From page 9 weighed 114 pounds in June 2007. His ideal weight range was cited as 92 - 112 pounds, with optimal weight of 102 pounds. Review of the nutritionist's quarterly reports, dated October 19, 2007, January 19, 2008 and April 21, 2008, documented the facility's ongoing difficulty in accurately assessing the client's weight. The same concern was Identified in the most recent annual Nutritional Assessment, dated June 28, 2008. Review of Client #2's weight chart revealed that the weights being recorded weekly had fluctuated widely during the past year, between 84 - 102 pounds. For example, a weight of 97 pounds was recorded the first week of September 2007. It had dropped to 84 pounds the very next week, then up to 90 pounds in the final week. Weights recorded in more recent months showed a steady drop from 102 pounds the first week of May 2008. There was no evidence that the QMRP sought input from the primary care physician and/or the Interdisciplinary team regarding strategies to accurately assess Client #2's weight. It should be noted that Client #2's 91-pound average weekly weight in June and July 2008 was below his ideal weight range. | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MUL A. BUILDI | TIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| STREET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, 3E WASHINGTON, DC 20019; WASHINGTON, DC 20019; WASHINGTON, DC 20019; WASHINGTON, DC 20019; PROVIDER ALVA ETION SHOULD BE CARBETTON PRIEFIC CORRECTION MAND AND AND AND AND AND AND AND AND AND | | | 09G178 | B. WING | | 07/17/2008 | | |
| PREFIX TAG REGULATORY OR LSC IDEMTIFYING INFORMATION) W 159 Continued From page 9 weighed 114 pounds in June 2007. His ideal weight range was cited as 92 - 112 pounds, with optimal weight of 102 pounds. Review of the nutritionist quarterly reports, dated October 19, 2007, January 19, 2008 and April 21, 2008, documential the racility's ongoing difficutly in accurately assessing the client's weight. The same concern was Identified in the most recent annual Nutritional Assessment, dated June 28, 2008. Review of Client #2's weight chart revealed that the weights being recorded weekly had fluctuated widely during the past year, between 84 - 102 pounds. For example, a weight of 97 pounds was recorded the first week of September 2007. It had dropped to 84 pounds the very next week, then up to 90 pounds in week 3 and another drop to 86 pounds in the first week of March 2008 to 90 pounds the first week of March 2008 to 90 pounds the first week of May 2008. There was no evidence that the QMRP sought input from the primary care physician and/or the interdisciplinary team regarding strategies to accurately assess Client #2's weight. Without accurate readings, the medical team could not determine his specific caloric needs for weight maintenance or weight gain. It should be noted that Client #2's 91-pound average weekly weight in June and July 2008 was below his ideal weight range. | | | | | 1307 45TH PLACE, SE | | | |
| weighed 114 pounds in June 2007. His ideal weight range was cited as 92 - 112 pounds, with optimal weight of 102 pounds. Review of the nutritionist's quarterly reports, dated October 19, 2007, January 19, 2008 and April 21, 2008, documented the facility's ongoing difficulty in accurately assessing the client's weight. The same concern was identified in the most recent annual Nutritional Assessment, dated June 28, 2008. Review of Client #2's weight chart revealed that the weights being recorded weekly had fluctuated widely during the past year, between 84 - 102 pounds. For example, a weight of 97 pounds was recorded the first week of September 2007. It had dropped to 84 pounds the very next week, then up to 90 pounds in the final week. Weights recorded in more recent months showed a steady drop from 102 pounds the first week of March 2008 to 90 pounds in the first week of March 2008 to 90 pounds in the first week of March 2008 to 90 pounds in the first week of March 2008 to 90 pounds in the first week of warch 2008 to 90 pounds in the first | PRÉFIX | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A | \$HQULD BE | COMPLETION DATE | |
| Nutritional Assessment, dated June 28, 2008, indicated that he was at 'moderate to low nutritional risk' due to the number of medications | W 159 | weighed 114 pound weight range was coptimal weight of 1 nutritionalst's quarte 2007, January 19, documented the fa accurately assessificated the fall accurately assessificated the fall accurately assessificated the first was annual Nutritional A 2008. Review of Client #2 the weights being rewidely during the pounds. For example, and the first was accurated to 84 then up to 90 pounds to 86 pounds in the firm more recent more from 102 pounds to 90 pounds in the firm the was no evided input from the priminate from the priminate from the priminate accurately assessificated that he was not evided average weekly we below his ideal weight the further was not evided average weekly we below his ideal weight the further was not evided average weekly we below his ideal weight the further was not evided average weekly we below his ideal weight the further was not evided average weekly we below his ideal weight the further was not evided average weekly we below his ideal weight the further was not evidence or weight the further | ds in June 2007. His ideal sited as 92 - 112 pounds, with 02 pounds. Review of the rly reports, dated October 19, 2008 and April 21, 2008, cility's ongoing difficulty in ng the client's weight. The Identified in the most recent Assessment, dated June 28, 2's weight chart revealed that recorded weekly had fluctuated ast year, between 84 - 102 ple, a weight of 97 pounds was week of September 2007. It pounds the very next week, dis in week 3 and another drop a final week. Weights recorded in the showed a steady drop he first week of March 2008 to rst week of May 2008. ence that the QMRP sought hary care physician and/or the am regarding strategies to Client #2's weight. Without the medical team could not clific caloric needs for weight eight gain. that Client #2's 91-pound eight in June and July 2008 was ight range. | W 15 | The Qmrp will collaborate with the by ensuring that client # 2 is weight amount of clothing in order to obt weight. In the future the Qmrp will ensure measures are in place in order to accurate weight. Individual #2 is being weighted a of the day with similar amount of ensure the accuracy of his body we currently weighed a chair scale. In the future, the nursing staff & that client #2 is weighed with the clothing in order to obtain his accurate weight. The Qmrp will collaborate with the yensuring that client # 2 is weighed with the clothing in order to obtain his accurate weight. The Qmrp will collaborate with the yensuring that client # 2 is weighed with the clothing in order to obtain his accurate weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. The Qmrp will collaborate with the yensuring that client # 2 is weight. | the same clothing to veight. He is couract with the same clothing to veight. He is couract weight. He is couract weight. He same amount ourate weight. | 8-08-08 8-08-08 | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| | | 09G178 | B, WIN | IG | | 07/17/2008 | |
| | ROVIDER OR SUPPLIER F WASHINGTON | | | 13 | EET ADDRESS, CITY, STATE, ZIP CODE 807 45TH PLACE, SE /ASHINGTON, DC 20019 | | ` |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (X5) COMPLETION DATE |
| W 159 | | Ige 10 IDIVIDUAL PROGRAM PLAN Iram plan must include | w i | | | | |
| | opportunities for cli self-management. | ent choice and | | | | | |
| | Based on observat review, the facility program plans refle | for one of the two clients in the | | | | | |
| | his prescribed safe how the facility mig choice to remove t | al plan failed to specify when ty helmet must be worn and that accommodate his perceived he helmet, as follows: | | , | | | |
| | observed seated of alone at that time, and was not wearing approximately 6:45 person was observable for the table to receive the table table to receive the table table to receive the table table table to receive the table | 18, at 6:30 AM, Client #1 was in the edge of his bed. He was rocking forward and backwarding a safety helmet. At it is AM, a direct support staff wed leading the client into the thout a safety helmet. At 7:05 into the dining room and he sat inve his medications. No safety wed then, or in the period that at at his breakfast. Later that again observed not wearing while in the facility, between the same of the survey. | | , | The helmet protocol was developed to which indicates when client #3 should remove his helmet. Once approved by the physician order and other compor reflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the written plan includes all of the specific | wear, or the HRC, in the HRC, in the HRC, in the HRC will at client #3 | 8-04-08 |
| <u> </u> | On July 15, 2008, | at approximately 8:20 AM, | | | | | |

| | TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (XX) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETION DATE |
| W 247 | (POs) revealed the seizure precaution conference beginn the immediate-pas Professional (QMF should be worn at seizure disorder as behaviors. When was seated in his part the living room, should be worn at seizure disorder as behaviors. When was seated in his part to provide clear guythen he must wear might be allowed to 2. Client #1's draft dated May 9, 2006 recommendations "Behavior Adher | Is July 2008 physician's orders of following "helmet - safety for s." During the entrance ing at approximately 10:45 AM, it Qualified Mental Retardation RP) stated that the helmet all times due to the client's swell as self-injurious asked if that included while he padded rocker/ recliner chair in the replied yes to ensure his of fall to the side. Is were reviewed, beginning at 6, 2008. His written plan failed aidelines/ instructions regarding for the helmet and when he oremove it safely, as follows: | W | | The helmet protocol was developed by which indicates when client #3 should remove his helmet. Once approved by the physician order and other componeflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the written plan includes all of the specific | wear, or the HRC, ents will at client #3 guidelines. | 8-04-08 |
| | "Mobility Continue BSP." "Health Continue prescribed to prote and seizures." The more specific guid 3. Client #1's Headated July 15, 200 of a safety helmet 4. At 12:20 PM, CPlan (BSP), dated self-injurious beha | te to wear helmet. Follow to offer the helmet as ect from head injuries from falls e ISP, clid not, however, offer delines. Ith Management Care Plan, lis, made no mention of his use | n, s use rt st | | The helmet protocol was developed by which indicates when client #3 should remove his helmet. Once approved by the physician order and other componerflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the written plan includes all of the specific client #3 Health Management Care Pupdated to include the use of the safe Refer to attachment #5 In the future the DON will ensure that HMCP includes all of the area of risks | wear, or the HRC, ents will at client #3 guidelines. elan was ety helmet t client #3 | 8-04-08 8-06-08 |
| | <u>.l.—</u> —————————————————————————————————— | | <u></u> | | <u></u> | | <u></u> |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULT A. BUILDII | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| | | 09G178 | B. WING_ | | 07/17 | //2008 |
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| W 247 | protocol identified to remove it when uncomfortable. He when traveling as after it, he may hit There was no helifurther instructions accommodate the helmet when hot of BSP and ISP both one-on-one staff of Observations through the component of the S. Client #1's phy dated April 23, 20 "continue to wear assessments did wear the helmet a remove it safely. 6. On July 17, 20 interview with the revealed that staff his helmet but will he removes it and however, were not encouragement to facility at any time periods. Further it confirmed that the specify how or whaccommodate his it should be noted interview with the review of Human | dered. Its use should follow the by that team and/or PT tends he seems hot and e should wear it, however, if seizure activity occurs, or his head on windows, etc." net protocol observed and no a regarding if/ how staff were to client's wish to remove the or uncomfortable. [Note: The incorporated the use of assistance, for safety. ughout the survey revealed this plan being implemented.] sical therapy assessments, D7 and May 9, 2008, included helmet, follow BSP." The PT not specify when he should not when he might be allowed to 08, at approximately 5:00 PM, QMRP appointed in May 2008 i "encourage" Client #1 to wear not force him to put it back on if does not want to wear it. Staff, to observed offering the client oput on his helmet while in the during the survey observation interview with the QMRP are was no written protocol to en staff could safely | W 247 | The helmet protocol was developed by which indicates when client #3 should remove his helmet. Once approved by the physician order and other comporeflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the vritten plan includes all of the specific which indicates when client #3 should remove his helmet. Once approved by the physician order and other comporeflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the vritten plan includes all of the specific physician order and other comporeflect client #3 choice. The helmet protocol was developed the physician order and other comporeflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the physician order and other comporeflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the vritten plan includes all of the specific fluid includes all of the specific the plan includes all of the specific fluid includes all of the spe | wear, or the HRC, nents will wat client #3 c guidelines. by the PT d wear, or the HRC, nents will wat client #3 c guidelines. by the PT d wear, or the HRC, nents will war, or the HRC, nents will war, or the HRC, nents will wat client #3. | 8-04-08 8-04-08 |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT | TIPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | | |
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| W 247 | as a restrictive com "for safety (unstead had not, however, of balance the client's versus his right to the injury. 483.440(f)(3)(i) PR | age 13 apponent of Client #1's BSP and by gait and falling)." The HRC discussed how staff should right to refuse to wear it be protected from potential OGRAM MONITORING & | W 241 | The helmet protocol will be presented HRC on 8-18-08; The committee will dient # 3 right to refuse to wear his shelmet when he is hot or uncomfortal | address safety | 8-18-08 |
| | monitor individual p inappropriate beha | ould review, approve, and programs designed to manage vior and other programs that, a committee, involve risks to d rights. | | | | |
| | Based on observat review, the facility's (HRC) failed to disc Client #1's right to | is not met as evidenced by; ion, interview and record is Human Rights Committee cuss how staff should balance refuse to wear a prescribed his right to be protected from | | | | |
| | The findings includ | | | | | |
| | safety helmet due to gait with risk of falls behavior of hitting I and other hard surf physician's orders "helmet - safety for orders did not indic allowed to remove Support Plan (ISP) the use of a safety however, indicate v | 47. Client #1 was prescribed a to seizure activity, an unsteady is and his self-injurious his head against walls, floors faces. His July 2008 (POs) revealed the following resizure precautions." The eate times when he might be the helmet. His Individual helmet. The ISP did not, when he should wear it or a times when he could safely | | The helmet protocol was developed which indicates when client #3 should remove his helmet. Once approved by the physician order and other composite reflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensure the written plan includes all of the specific | d wear, or y the HRC, nents will nat client #3 | 8-04-08 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULT A. BUILDIN | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
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| W 262 | go without wearing The recently-apportant staff'encourage" (will not force him to and does not wan were not observed encouragement to facility at any time periods, and he diffurther interview there was no written. | • | W 262 | | | |
| W 322 | immediate-past O had not discussed client's right to ref his right to be pro Moments later, at minutes dated Ma helmet had been component of Clie (unsteady gait and did not, however, how the facility mi wish to remove hi immediate-past O that HRC meeting | at 5:05 PM, interview with the MRP revealed that the HRC I how staff should balance the use to wear the helmet versus tected from potential injury. 5:15 PM, review of the HRC by 12, 2008 revealed that the approved as a restrictive ent #1's BSP and "for safety difalling)." The HRC minutes reflect any discussion regarding ght honor the client's alleged is helmet at times. The MRP signed the attendance for the VSICIAN SERVICES | W 322 | The helmet protocol was develope which indicates when client #3 sh remove his helmet. Once approve the physician order and other comreflect client #3 choice. Refer to attachment #4 In the future, the Qmrp will ensur written plan includes all of the special | ould wear, or d by the HRC, ponents will that client #3 | 8-04-08 |
| | The facility must p general medical of | provide or obtain preventive and are. | | | | anger i |
| | Based on observa | is not met as evidenced by: ation, interview and record failed to provide preventive and | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | | |
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| W 322 | general medical ca the sample. (Client The finding include Cross-refer to W33 team falled to deve ensure that Client # administered in acc orders (POs). Clie following: "Diastat" (15 mg) for selzure Patient to go to ER months, there had which Client #1 ext (lasting more than #1 was taken to the administered on an On July 17, 2008, I LPN Coordinator at were interviewed in cartridge and syring medication cabinet under lock and key only by nursing stat the medication was should Client #1 ex was no nurse prese the facility failed to was available for us Review of the clien (PCP) notes failed topic had been ider the survey. In addi evidence that the n the concern with th | re for one of the two clients in #1) s: 1.1. The facility's medical lop and implement a plan to the Diastat medication was cordance with physician's int #1's POs also reflected the 15 mg Acudial, Insert 1 syringe is lasting more than 3 minutes, via 911." During the past 12 been 3 separate dates on perfenced prolonged seizures in minutes). Each time, Client is ER; however, Diastat was not | W3 | 22 | Client # 3 diastat was not administrathe location of his seizure activities; nursing staff was not in the facility; the facility has a seizure protocol to the individual to the ER, and activatinecessary for prolonged seizures the or longer. The neurologist was contacted regal alternative medication since seizure be predicted, and client #3 home is nursing facility. The neurologist stathim to the ER for evaluation; The diwas discontinued by the PCP after of the neurologist. Refer to attachment # 1 Client # 3 diastat was not administrathe location of his seizure activities; nursing staff was not in the facility; the facility has a seizure protocol to the individual to the ER, and activatinecessary for prolonged seizures the rolonger. The neurologist was contacted regal alternative medication since seizure be predicted, and client #3 home is nursing facility. The neurologist stathim to the ER for evaluation; The diwas discontinued by the PCP after of the neurologist. Refer to attachment # 1 | the however, transort te 911 if an 3 minutes rding possible s can not not a 24hrs ed to take astat order onsulting wit ated due to the however, transort te 911 if an 3 minutes rding possible s can not not a 24hrs ed to take astat order | h 7-29-08 |

| | TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILDIN | IPLE CONSTRUCTION NG | (X3) DATE SURVEY COMPLETED | |
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| W 322 | Indicated. The num July 17, 2008 inten At the time of the s to ensure that Clier immediately during accordance with his | ses confirmed this during the riew. urvey, the facility was unable at #1 received the Diastat a prolonged setzure, in sorders. | W 322 | | | |
| W 331 | services in accorda This STANDARD Based on observat | ovide clients with nursing name with their needs. is not met as evidenced by: ion, interview and record | W 331 | | | |
| E | services in accorda | ailed to ensure nursing ance with the needs of two of se sample. (Clients #1 and #2) | | | | |
| · | pass was observed #1 received his me Depakote, Topama medications he recindicated that these the evening) were 1 This was verified a | 8, the moming medication I, beginning at 6:57 AM. Client dications at 7:10 AM. IX and Keppra were among the elved. The medication nurse medications (plus Tegretol In for the control of seizures. Iterwards, at 8:16 AM, by Is July 2008 physician's orders | | | | |
| | "Diastat 15 mg Acu | o reflected the following: idial, Insert 1 syringe (15 mg) more than 3 minutes, Patient ." | | Refer to w 332 P.16 | 7-29-08 | |
| | On July 16, 2008, (seizure records we | Client #1's neurology and re reviewed, beginning at 4:45 | | | | |

| AND PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCE IDENTIFICATION NUMBER: | | IDENTIFICATION NUMBER: | A. BUILDING | | | COMPLETED | |
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| W 331 | PM. His seizure proorder for Diastat an lasting more than 3 the client's chart, he | otocol (not dated) reflected the d calling 911 for seizures minutes. Further review of owever, revealed a repeated r a Diastat injection following | w: | 331 | | | |
| | 2007 after experient including: 4 minutes at 10:06 4 minutes at 11:30 Review of the client Record (MAR) for Mincident and investive evidence that Diast | AM. It's Medication Administration November 2007 and relevant Igation reports failed to show lat was administered. [Note: Idered, at 10 mg, beginning on | | | Refer to W 332 P.16 | · | 7-29-08 |
| | 3-minute seizure or time, the client was The neurologist wo corresponding cons | nt #1 had experienced a n September 4, 2007. At that not administered Diastat. ote a note to the facility on the sultation report, on the same rses that he was to receive | | | Refer to W 332 P.16 | , | 7-29-08 |
| | 13, 2008 after expeta 4 minutes at 9:02 A 5 minutes at 12:18 Review of the client Record (MAR) for Fincident reports and evidence that Diast same day, the dose | | | | Client #3 seizures occured at differ for instance,he had seizures in route program, at the PCP's office, and at he spent the night at the hospital, a further seizures per discharge report | e to his day the ER; nd he had no | |
| <u> </u> | I | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; | (X2) MULT A BUILDIN | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON | | 1 1 | REET ADDRESS, CITY, STATE. ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019 | | |
| PRÉFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY) | OULD BE COMPLÉTION | |
| review of Client #1' (PCP) notes reveal informed the PCP administered Diast events referenced e. On July 17, 200 records failed to sh the nursing team h failure to administer POs. f. On July 17, 200 LPN Coordinator a were interviewed in cartridge and syrin medication cabine that they remained all times, with keys 1) The LPN Coord and presented the She acknowledged accessible immedi experience a seizu present in the facil 2) The LPN Coord was unable to ens within minutes of C that lasted over 3 in 3) The LPN Coord dates listed above Diastat injection as 4) The LPN Coord | 18, beginning at 10:16 AM, its primary care physician led no evidence that nurses that the client had not been at as ordered, on the 3 seizure above. 18, review of Client #1's nursing now documented evidence that lad discussed the repeated er Diastat in accordance with the facility. The Diastat ge were locked in the the LPN Coordinator stated a secured under lock and key at the held only by nursing staff. Idinator unlocked the cabinet Diastat cartridge and syringe. If that the medication was not lately should Client #1 are when there was no nurse lity. Idinator indicated that the facility ure that a nurse could arrive client #1 experiencing a seizure minutes. Idinator confirmed that on the 3, Client #1 did not receive the | W 331 | Client # 3 PCP was aware that he di receive diastat during his seizure ach he was in route to his day program; her office as well. The PCP contacte who recommended to take client # for evaluation. Currently the diastat discontinued. Refer to W 332 P.16 Client # 3 diastat was not administrate location of his seizure activities; nursing staff was not in the facility; the facility has a seizure protocol to the individual to the ER, and activat necessary for prolonged seizures the redication since seizure be predicted, and client #3 home is nursing facility. The neurologist stath him to the ER for evaluation; The di was discontinued by the PCP after cothe neurologist. Refer to W 331 (d) P.19 The diastat can only be administrate a nurse; hense it was safely locked. | ivities because he had seizures at ed the neurologist 3 to the ER order was 7-29-08 7-29-08 7-29-08 ated due to the however, transport te 911 if an 3 minutes rding possible scan not not a 24hrs ed to take astat order onsulting with 7-29-08 7-29-08 7-29-08 7-29-08 7-29-08 7-29-08 7-29-08 To by in the cabinet ring his seizure o his day program; he PCP contacted to take client # | |

| | OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
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| | | 09G178 | B. VVII | <u> </u> | | 07/17 | 7/2008 |
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| W 331 | had not brought up 5) The LPN Coord Nursing also acknow discussed the topic 6) When asked if to Client #1's day progothe RN/Director of had not checked wo added, however, the | ige 19 If then acknowledged that they the topic with the PCP. Inator and the RN/Director of wledged that they had not with the neurologist. In medication was available at gram, the LPN Coordinator and Nursing both stated that they ith the day program. They at neither had delivered the ay program themselves. | W | 331 | Client # 3 PCP was aware that he did receive diastat during his seizure active he was in route to his day program; her office as well. The PCP contacted who recommended to take client # 3 for evaluation. Currently the diastat or discontinued. The neurologist was contacted on 7-1 the diastat order that has not been as due to the location of the seizures aclasted 3 minutes or more. The neurol responded to send client # 3 to the Ethere is no nurse to administer the discontinuation. | vities becaus ne had seizur I the neurold I to the ER order has bee L5-08 regard dministered tivities that ogist R when | es at gist n |
| | 7) Client #1's day program was contacted by telephone on July 17, 2008, at 12:10 PM. The day program RN indicated that the topic had been discussed "a long time" earlier. During the telephone call, she looked in their medication supply and reported having found no evidence of a Diastat cartridge with syringe. She then stated "they didn't bring it." Facility nurses failed to establish a means of ensuring that Client #1's Diastat medication could be administered in accordance with physician's orders. 2. Cross-refer to W153.2. On February 7, 2008, Client #1's day program reported blood in the toilet after Client #1 had used it. The day program nurse assessed him and sent a note home reporting: "and blood was noted in his rectal area. Could not see whether or not he has hemorrhoids. Please re-evaluate and treat accordingly." | | | | Client #3 day program never discussed order with his home nurse; however, the facility nurse will ensure that PRI are available to the day program. Client # 1 was evaluated by the facility based on the day program report of but no blood was present when he had movement at home. To prevent the resolution of miscommunication, the nursing straight will follow-up on all incidents report by the day program to ensure that appropriate medical intervention is in All incidents from the day program when and investigated in accordance with There will be a communication log be day program and the facility to ensure occurances are documented. The Qm a dialogue with the nurse during the strength of the future All incidents from the day reported, and investigated in accordance facility policies. | in the future N medication ty nurse blood in stool ad bowel e-occurance aff ed ill be reporte acility policie tween the e that daily arp will have site observat ay program v | d, s ions vill be |
| : | | at 4:00 PM, review of Client s notes in the residence | | , | | | |

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M A. BUI | | PLE CONSTRUCTION G | (X3) DATE SURVEY COMPLETED | |
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| W 331 | revealed the follow 2008: "Note from a continue to be more Designated nurse 8, 2008, 7:00 AM r "BM last night, no last night, | ring entry, dated February 7, lay program stating blood nitored for blood in stool, was made aware." A February nurse progress note indicated | W | 331 | Client # 1 was evaluated by the facilibased on the day program report of but no blood was present when he movement at home. To prevent the of miscommunication, the nursing st will follow-up on all incidents report by the day program to ensure that appropriate medical intervention is in All incidents from the day program wand investigated in accordance with There will be a communication log be day program and the facility to ensure occurances are documented. The Qmadialogue with the nurse during the In the future All incidents from the direported, and investigated in accordance facility policies. It is the responsibility of the agency the coordination of the outside service to the individuals. The Qmrp has contacted the day procoordinator to implement the brush I to assist client # 2 with topthbrushi at the day program. Furthermore, the nurse coordinator copy of the previous dental consult to review prior to the examination. In the future, the nursing staff, and consure that the dentist provides the the current status of individual #2 diagnosed halitosis and periodontitis and that there is a continuation of setween the day program and the resurred that there is a continuation of setween the day program and the resurred that the day program and the resurred that there is a continuation of setween the day program and the resurred that the day program and the resurred that there is a continuation of setween the day program and the resurred that the day program and the resurred that there is a continuation of setween the day program and the resurred that the day program and the resurred that there is a continuation of setween the day program and the resurred that the day progra | blood in stoc ad bowel e-occurance aff ed applemented. ill be reported facility policies between the re that daily any will have site observation any program any | ed, es. tions will be |

| | | OF CORRECTION IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
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| PRE | FIX G | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY) | JLD BE | (X5) COMPLETION DATE | |
| | 356 | The nurse acknowle the treatment visits, Information concern dental hygiene. She the facility had not a regarding the status halitosis. In addition findings in February hygiene had worsel address the need. | ge 21 edged, however, that during the dentist had not provided ning the status of the client's e further acknowledged that sought additional information s of the periodontifis and n, even though the dentist's 2008 indicated that his oral ned, facility nurses failed to | W | | | | | |
| | | treatment services to needed for relief of | sure comprehensive dental that include dental care pain and infections, and maintenance of dental | | | | | | |
| | | Surveyor: Torbit, M. Based on observation review, the facility for treatment services the lath, for two of the (Clients #1 and #2). The findings includes 1. Cross-refer to W. Obtain updated infor #2's diagnosed halified dentist's written document and June 4, 2008 referendered (scaling a service). | on, interview and record alled to ensure comprehensive for the maintenance of dental e two clients in the sample. 120. The facility failed to mation on the status of Client tosis and periodontitis. The sumentation on June 26, 2007 effected only the treatments and prophylaxis). | | | It is the responsibility of the agency to the coordination of the outside service to the individuals. The Qmrp has contacted the day procoordinator for the implementation of brushing goal to assist client # 2 with while at the day program. Furthermore, the nurse coordinator working of the previous dental consult for review prior to the examination. In the future, the nursing staff, and Quensure that the dentist provides the homeometric than the written findings of the status of indiagnosed halitosis and periodontitis, there is a continuation of services between the dentist program and the residence. | es rendered gram f the n toothbrush ill attach a or the dentis mrp will nome with ndividual #2 , and that | 8-12-08 t 8-08-08 | |
| | | The facility failed dentist's recommen | to consistently implement the dations to promote Client #2's | | | | | | |

| NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON SITREET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 20019 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 356 Continued From page 22 dental health, as follows: On July 17, 2008, at 8:03 AM, interview with direct care staff at the group home revealed Client #2 required assistance in all activities of daily living: including tooth brushing. Further Interview with the group home staff indicated that the client's teeth often bled when they were brushed. Their statements were similar to those shared by day program staff. | AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
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| NAME OF PROVIDER OR SUPPLIER R C M OF WASHINGTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 356 Continued From page 22 dental health, as follows: On July 17, 2008, at 8:03 AM, interview with direct care staff at the group home revealed Client #2 required assistance in all activities of daily living; including tooth brushing. Further interview with the group home staff indicated that the client's teeth often bled when they were brushed. Their statements were similar to those | | | 09G178 | B. WI | NG _ | | 07/1 | 7/2008 |
| PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) W 356 Continued From page 22 dental health, as follows: On July 17, 2008, at 8:03 AM, interview with direct care staff at the group home revealed Client #2 required assistance in all activities of daily living; including tooth brushing. Further interview with the group home staff indicated that the client's teeth often bled when they were brushed. Their statements were similar to those | | | | • | 1 | 1307 45TH PLACE, SE | | |
| dental health, as follows: On July 17, 2008, at 8:03 AM, interview with direct care staff at the group home revealed Client #2 required assistance in all activities of daily living; including tooth brushing. Further interview with the group home staff indicated that the client's teeth often bled when they were brushed. Their statements were similar to those | PREFIX | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL | PREF | | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP | OULD BE | COMPLETION |
| On July 17, 2008, at 1:16 PM, the Qualified Mental Retardation Professional (QMRP) indicated that Client #2 had an objective to improve his dental hygiene, which should be implemented in the mornings and evenings. Staff, however, were instructed to document the tooth brushing in the mornings only. The QMRP and the LPN Coordinator concurred that ideally, his teeth should be brushed after each meal. The LPN Coordinator further indicated that staff reported that the frequency of the gum bleeds had decreased since the June 2008 dental visit, Record review on July 17, 2008 revealed the | W 356 | dental health, as for On July 17, 2008, direct care staff at Client #2 required daily living: including interview with the gethe client's teeth or brushed. Their state shared by day program on July 17, 2008. Mental Retardation indicated that Client improve his dental implemented in the Staff, however, we tooth brushing in the LPN Coordinator for the LPN Coordinator for the teeth should be LPN Coordinator for the teeth should be LPN Coordinator for the teeth should be LPN Coordinator for the teeth as the final decreased sin Record review on client had a history accumulation of la plaque on his teeth program plan (IPP personal care skill teeth using a batter physical assistance recorded" Furth instructions to brust the am only)." Date objective was documental to the teeth using a batter physical assistance recorded" Furth instructions to brust the am only)." Date objective was documental to the teeth using a batter physical assistance recorded" Furth instructions to brust the am only)." Date objective was documental to the teeth using a batter physical assistance recorded" Furth instructions to brust the am only)." Date objective was documental the teeth using a batter physical assistance recorded" Furth instructions to brust the am only)." Date objective was documental the teeth using a batter physical assistance recorded | at 8:03 AM, interview with the group home revealed assistance in all activities of ag tooth brushing. Further group home staff indicated that fee bled when they were attements were similar to those gram staff. at 1:15 PM, the Qualified a Professional (QMRP) at #2 had an objective to hygiene, which should be a mornings and evenings. The QMRP dinator concurred that ideally, a brushed after each meal. The purther indicated that staff requency of the gum bleeds ce the June 2008 dental visit. July 17, 2008 revealed the rof periodontitis, halitosis and rege deposits of calculus and an The review of the individual overified a goal to improve his so, as follows: "will brush his ry-operated toothbrush with the from staff on 80% of trials her review of the IPP revealed she daily (2 x, but collect data on a collection reflected that the amented in the mornings. | W: | 356 | Client #2 IPP indicated to brush 2.X and the 3rd time is supposed to be a Mon through Friday; during the week is supposed to brush 3 times daily. The Qmrp has revised the IPP for clorush 3 X daily. Refer to attachment It is the responsibility of the agency the coordination of the outside servito the individuals. The Qmrp has contacted the day procordinator to implement the brush to assist client # 2 with toothbrushi at the day program. Furthermore, the nurse coordinator copy of the previous dental consult to review prior to the examination. In the future, the nursing staff, and ensure that the dentist provides the the current status of individual #2 diagnosed halitosis and periodontitis there is a continuation of services be | It the day prok client #2 Ient #3-to #6 to ensure ces rendered ogram ing goal ing while will attach a for the dentis Qmrp will home with | gram 8-12-08 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | | |
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| | inflamed. Halitosis stated that after the obtained, a return y polishing would be (four months later), mouth scaling, with polishing. Even the and continued periototh brushing regidally. There was n dental care regime though the dentist's hygiene had worse propose new strate hygiene. 3. The facility faile Client #1's dental he Client #1's dental he Client #1's dental he calling. The dentistimes daily and a reclient returned 10 rewith the recomment As with Client #2, 0 program. There we existing dental care Even though the dentist at the dentist. | surfaces. Gingival margins Periodontitis". The dentist requested authorization was risit for full mouth scaling and scheduled. On June 4, 2008 the client received a full adult prophylaxis and ough the client had calculus odontitis, the recommended men remained at 2 - 3 times o evidence the client's existing in had been effective. Even is findings indicated that his oral ned, the facility failed to regies to improve his dental d to ensure the maintenance of realth, as follows: at 2:56 PM, review of Client revealed that on September est performed generalized to recommended brushing 2-3 return visit in 6 months. The months later (July 6, 2008), at tist assessed "heavy calculus," dation for additional scaling. Client #1 had a tooth brushing as no evidence the client's regimen had been effective. rentist's findings indicated that d worsened, the facility failed ategies to improve his dental in, the facility failed to schedule frequency ordered by the | | | Client #2 IPP indicated to brush 2 X of and the 3rd time is supposed to be at Mon through Friday; during the week is supposed to brush 3 times daily. The Qmrp has revised the IPP for clie brush 3 X daily. Refer to attachment #1 is the responsibility of the agency to the coordination of the outside service to the individuals. The Qmrp has contacted the day proceoordinator for the implementation of brushing goal to assist client # 2 with while at the day program. Furthermore, the nurse coordinator we copy of the previous dental consult for to review prior to the examination. In the future, the nursing staff, and Quensure that the dentist provides the fithe current status of individual #2 diagnosed halitosis and periodontitis, there is a continuation of services bed day program and the residence. It is the responsibility of the agency to the individuals. The Qmrp has contacted the day procoordinator for the implementation of brushing goal to assist client # 2 with while at the day program. Furthermore, the nurse coordinator we copy of the previous dental consult for to review prior to the examination. In the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future, the nursing staff, and Quensure that the dentist provides the form the future. | the day production #2 ent #3 to #6 be ensure es rendered gram if the n toothbrush imp will home with and that tween the be ensure es rendered gram if the n toothbrush in the dentist in the dentist in the dentist if the n toothbrush if the n tooth | ng 8-12-08 8-08-08 |
| W 368 | 483.460(k)(1) DRU | G ADMINISTRATION | W | 368 | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MUL | TIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| W 474 | The system for drug that all drugs are active physician's order the physician's order the physician's order the physician's order the facility famedications were a with physician's order to the finding includes. The finding includes the finding included and mg by injection and seizure lasting more the client's record in 2007 and February seizure activity lastidid not, however, reordered on either de 483.480(b)(2)(iii) Million food must be served developmental lever this STANDARD is Based on observation. | g administration must assure iministered in compliance with ers. In not met as evidenced by: on, interview and record ailed to ensure that all dministered in accordance ers, for one of the two clients ent #1) I. Client #1's physician's order to administer Diastat 15 call \$11 if he experienced a er than 3 minutes. Review of evealed that on November 29, 13, 2008 he had documented ing more than 3 minutes. He ceive the Diastat injection as ate. EAL SERVICES | W 36 | Client # 3 diastat was not administrationation of his seizure activities; the nursing staff was not in the facility; the facility has a seizure protocol to the individual to the ER, and activatinecessary for prolonged seizures the or longer. The neurologist was contacted regal alternative medication since seizure be predicted, and client #3 home is | however, transport te 911 if an 3 minutes ding possible s can not not a 24hrs ed to take astat order |
| | the four residents of the finding includes | ntal level of clients, for one of fthe facility. (Client #3) | | | |
| | On July 15, 2008, a gave Client #3 a gra | t approximately 4:07 PM, staff anola bar, broken in half. The | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SU COMPLE | |
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| W 486 | granola bar; it was inches in size. Po indicating that he was bite sized portions review of his July a confirmed that his soft, bite size. It should be noted approximately 3:00 records revealed ton diet plans, inclupast month (on Julat snack time, how had not been effect 483.480(d)(4) DIN The facility must a manner consistent level. This STANDARD Based on observations reveal. | als mouth a large piece of (hard) approximately 1 inch by 1 ½ sted nearby was a diet chart was to receive "mechanical soft," of food. Moments later, 2008 physician's orders foods should be mechanical that on July 17, 2008, at 5 PM, review of staff training hat staff had received training uding food textures, within the ne 27, 2008). The observation wever, indicated that the training | W 474 | The staff were trained on dlients diets on 6-27-08; howeve, the training was effective. All staff were re-trained on the client consistency and texture of specific die Refer to attachment # 7 In the future, the facility will ensure to show the effectiveness of training the demonstration. | s not s' diets include ets. hat the staff | ting 8-01-08 |
| | | 1 | | | | |
| | On July 15, 2008, to be visually impara "sweeping motion table, back and for that he was visual was observed to ti | at 7:22 AM, Client #2 appeared hired. He was observed making on" with both hands across the repeatedly. Staff confirmed by impaired. At 7:25 AM, a staff or a large bib around the client's the dining table. Shortly before | | The use of the bib was not recomme any clinician, therefore was discontin. In the future the facility will ensure the follow the feeding protocol only recorby the clinician. | ued. nat staff | 7-17-08 |

| | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | ULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFD TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY) | HOULD BE | (XS) COMPLETION DATE | |
| W 488 | end of the bib und top. He ate break staff provided conprompting to reduce On July 16, 2008, protocol, dated Junot include the usintervention. The instructions on hor instruct staff to stamouth. Further rerevealed no evide | age 26 is breakfast, staff placed one erneath the plate, on the table fast independently; however, stant supervision and frequent ce his eating pace. review of Client #2's feeding ne 28, 2008, revealed that it did e of a bib as a needed protocol did provide staff w to reduce his eating pace off portion of food into his view of the client's plan noce that the interdisciplinary hended the use of a bib at | W 4 | The use of the bib was not recommolinician, therefore it was disconting in the future the facility will ensure follow the feeding protocol as recomby the clinician. | ued. that staff | 7-17-08 | |
| | | | | | | | |

| | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A BUILDII | | (X3) DATE SU COMPLE | | |
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| RCMO | WASHINGTON | . <u> </u> | 1307 45TH I WASHINGT | | | | |
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| 1 000 | NITIAL COMMENTS A licensure survey was conducted from July 15, | | | 000 | | | |
| | 2008 through July 1 two residents was a population of four m disabilities. The find based on observation day programs, staff as well as the | 7, 2008. A random selected from a residing with various degrings of this survey wons at the group hominterviews with residings, including incident | sample of ent rees of rere ne and at ents and | | | | |
| 1 090 | 1 090 3504.1 HOUSEKEEPING | | 1 | 090 | GOVERNMENT OF THE DISTRI | ed 8 11 6 | IMBIA |
| | maintained in a safe and sanitary manne | erior of each GHMR e, clean, orderly, attra er and be free of rt, rubbish, and object | active, | | DEPARTMENT OF H HEALTH REGULATION ADI 825 NORTH CAPITOL ST., N WASHINGTON, D.C | IEALTH MINISTRATIO .E., 2ND FLO | N |
| | Based on observati | met as evidenced by on and Interview, the e interior of the facili attractive manner. | GHMRP | | | | |
| | The findings include | | | | | | |
| | observation of the e following deficiencie | | I the | | | | |
| | The metal holder shower head when | designed to support it was not in use was | the broken, | | The metal holder designed to suppo | Address Agency 1 | 7-29-08 |
| | bathroom cabinet manager revealed t | re observed laying ir Interview with the ho hey were brushes fo | me r cleaning | | In the future, the facility will ensure the equipments are in a working cond The brushes were remived, and store | lition. | |
| Haalla Balan | the commode. There was no evidence the brushes were stored in a sanitary manner between usage. | | | | sanitary manner. | | 7-17-08 |
| | DIRECTOR'S BR PROVID | ERSUPPLIER REPRESEN | TATIVE'S SIGNA | TURE | programe directo | \ | OKSTRATE |

STATE FORM

If continuation sheet

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMB | | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | | | |
|--|--|--|--|-----------------------------------|---|----------------------------|--------------------------|--|--|
| ļ <u>.</u> | | HFD03-0179 | | B. WING | -, | 07/17 | //2008 | | |
| NAME OF P | PROVIDER OR SUPPLIER | | | ET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| RCMO | F WASHINGTON . | | WASHING | HPLACE, S HON, DC 2 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDEI(TIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (XS) COMPLETE DATE | | |
| 090 1 | Multiple cracked installed on the first basement entrance | tiles were observed of the tiles were observed of the tiles were observed to the tiles of tiles of the tiles of tiles of the tiles of the tiles of til | ween the | l 090 | The cracked tiles were repaired | | 7-29-08 | | |
| | following areas: (a) The pole lamp sockets that lacked | ng was observed the In the living room had light bulbs. | d two | | The light bulbs were replaced The light bulb of the door on the front | porch | 7-17-08 | | |
| · | (b) There was no light bulb in one of the two electrical sockets beside the door on the front porch. (c) The socket located on the ceiling of the utilization in the basement had no light bulb. 5. Observation of the area at the rear of the facility on July 15, 2008 at approximately PM revealed trash bags protruding above the top of the trash cans. Interview with the home mana revealed that the trash is picked up weekly on Wednesdays. There was no evidence that adequate trash cans were available for storage trash/garbage for seven days. | | front the utility | | was replaced. The light bulb on the ceiling of the util was replaced. | • | 7-17-08 7-18-08 | | |
| | | | y PM e top of manager kly on hat | | In the future te facility will ensure that electrical sockets have working liight b More large trash cans will be purchas In the future, the facility will ensure th trash cans are available for storage for | ulbs. ed at adequate | | | |
| | of the basement ne storage area. Inter indicated the area v | is observed on the ba ar the bathroom and view with the home n vas being repaired di vall after the heavy ra | linen nanager ue to | | The scaling paint was repaired | - | 7-29-08 | | |
| lealth Regul | revealed he require staff to get on (8:20 van. Interview with approximately 8:30 boards were schedu 2008, however had observation and interview designed to maximiation Administration | client #3 on July 17, 2 d maximum support AM) and off (3:30 P) the home manager a AM indicated that ruled to be installed of to be rescheduled. It is to be rescheduled to determine the client's independent of the client's independent in the client in the | (lifting) by M) the t nning n July 17, Further evice | | The running boards have been installe In the future the facility will ensure the are available devices designed to maxi client's independence. | at there | 7-29-08 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM | | IRVCLIA (X2) MULTIPLE CONSTRUCTION MBER: A BUILDING B. WING | | NG | (X3) DATE SURVEY COMPLETED | | |
|--|---|---|--|---------------------|--|-------------|--------------------------|
| | | HFD03-0179 | | 1 | | 07/1 | 7/2008 |
| | ROVIDER OR SUPPLIER WASHINGTON | | 1307 45TH WASHINGT | PLACE, S | STATE, ZIP CODE SE 20019 | | `` |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| 1 090 | Continued From pa when boarding the | _ | | 1 090 | | | |
| l 09 7 | other poisonous, da material shall be ad access to such sub the resident's India. This Statute is not Based on observation ensure that cleanin location inaccessib. The finding include On July 15, 2008, a Simple Green Multi | bleach, insecticide of angerous, or flammal excessible to a resident stance is contraindicted by ideal Habilitation Plamet as evidenced by ion, the GHMRP failed agents were stored to residents. | r any ble tt where ated in an. ti d to I in a ottle of | I 097 | All caustic agents have been remothe bathroom sink, and stored in | yed beneath | 7-17-08 |
| 1 206 | beneath the sink in main floor, nearest | the bathroom located the residents 'bedro | d on the | 1 206 | cabinet. In the future, the facility will ensu caustic agents are properly stored | e that all | |
| | annually thereafter, certification that a h performed and that | ior to employment an shall provide a physinealth inventory has be the employee's hea her to perform the re | ician 's been alth status | | | | |
| Health Regul | Based on interview | met as evidenced by and record review, the sure that all staff ob- icates/ inventories. | he l' | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER | | R/CLIA MBER: | (X2) MULTI | PLE CONSTRUCTION | (X3) DATE SURVEY - COMPLETED | | | |
|--|---|--|---------------------------------|-------------------------------|--|-------------|--------------------------|--|
| | | HFD03-0179 | | B. WING_ | | 07/17 | /2008 | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | DDRESS, CITY, STATE, ZIP CODE | | | | |
| RCMO | F WASHINGTON | | 1307 45TH WASHINGT | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUS CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE | (XS) COMPLETE DATE | |
| 1 206 | Continued From pa | age 3 | · | 1 206 | | | | |
| | The findings includ | le: | | | | | | |
| | Review of the personnel records on July 17, 2008, beginning at 4:00 PM, revealed the following: 1. There were no current health certificates/ inventories provided for two direct care staff (S1 and S3). Further record review revealed that the health certificates had expired on April 4, 2008 and March 7, 2008 respectively. | | | ı | | | | |
| | | | | | Staff S1, and S3 health certificates a see attached | re on files | | |
| | 2. There was evidence of a tuberculin screening (dated 2/5/08), however no health certificate/inventory available for review for the nutritionist (C1). | | icate/ | | | | | |
| , | | ificate/ Inventory prov nerapist (C2) had exp | | | The Nutritionist haelth certificate is c see attached | on file. | | |
| 1 227 | 3510.5(d) STAFF | TRAINING | | l 227 | | | | |
| | Each training prog | ram shall include, but wing: | t not be | | | | | |
| | (c) Infection contro | ol for staff and resider | nts; | | | | | |
| | Based on staff inte facility failed to effi emergency measu | t met as evidenced by erview and record reviectively train staff to it ures for four of four re lity. (Residents #1, #2 | iew, the mplement sidents | | | | | |
| | The findings include | de: | | | | | | |
| | | d to maintain evidenc ch staff as follows: | e of CPR | | | | | |
| Health Regu | lation Administration | | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | | | (X3) DATE SURVEY COMPLETED | | | |
|---|--|---|---|-----------------------------------|---|-------------------------------|--------------------------|--|--|
| | | HFD03-0179 | | B. WING | | 07/1 | 7/2008 | | |
| NAME OF P | ROVIDER OR SUPPLIER | <u> </u> | STREET ADDR | ET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| RCMO | F WASHINGTON | | | TH PLACE, SE IGTON, DC 20019 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE | (XS) COMPLETE DATE | | |
| 1 227 | records at approxing evidence of current Resuscitation certification certification that the Common Manager has the | review of staff and conately 4:30 PM, revert Cardiopulmonary fication (CPR) for 2 c (S1 and S2) and the Professional (QMRF) and the CPR cards or the CPR cards or the CPR cards or the Were not yet available was no evidence that N1) had current CPR dent #1's Individual S2007, revealed that sid and CPR to ensure | insultant aled no of the 12 (Qualified P). The and the ss on July elected as a support taff should at the | 1 227 | The Qmrp and assistant house ma CPR/First Aid class on 7-12-08, but not available yet. See attached signature sheet. The house manager will take the cl | the cards are | | | |
| | each GHMRP shall Health, Health Factorium unusual incident or interferes with a rearrangement, well places the resident be made by telephrollowed up by writt twenty-four (24) how This Statute is not Based on interview GHMRP failed to not Health Regulation. | eporting requirement I notify the Departme I notify the Departme I ifties Division of any event which substar sident's health, welf being or in any other at risk. Such notification within turn of the next work met as evidenced by and record review, to tify the Department Administration of an id a resident's health a | nt of other ottally are, living way ation shall shall be day. | | | | | | |

| | TTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | R/CLIA MBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|----------------|---|--|-----------------|--|---|-------------------------------|--|--|
| | | HFD03-0179 | | B. WING_ | | 07/17/2008 | | |
| NAME OF B | ROVIDER OR SUPPLIER | | STREET ADD | DDRESS, CITY, STATE, ZIP CODE | | | | |
| - | | | | I PLACE, S | | | | |
| RCMO | F Washington | · | WASHING | TON, DC 2 | 0019 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | | 10 | PROVIDER'S PLAN OF CORRECT | TION (X5) ULD BE COMPLETE | | |
| PRÉFIX TAG | REGULATORY OR L | MUST BE PRECEDED BY SC IDENTIFYING INFORMA | TION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | | | |
| I 3 7 9 | Continued From pa | ge 5 | | 1 379 | | | | |
| : | The finding includes: | | | | | | | |
| | On July 15, 2008, at 1:28 PM, Resident #1's day program Activities Coordinator was asked if the | | | | Client # 3 was evaluated by the facility pased on the day program report of bl out no blood was present when he had | ood in stool, | | |
| | | enced any unusual ir cted this surveyor to | | | novement at home. To prevent the re | e-occurance | | |
| | appropriate section | of the resident's rec | ord. On | | of miscommunication, the nursing sta on all incidents that are reported by t | | | |
| | February 7, 2008, t | he day program nurs | e ľ | | program to ensure appropriate medica | | | |
| 1 | | urther Evaluation Re od was seen in the to | | | intervention. | | | |
| | | sed it. He was then a | | | II incidents from the day program will investigated in accordance with fa | | | |
| | | plood was noted in his | | | There will be a communication log bet | | | |
| | area. Could not se | e whether or not he h | nas | | ay program and the facility to ensure | | | |
| | | se re-evaluate and tr | eat | | ccurances are documented. The Qmr dialogue with the nurse during the si | | | |
| | accordingly." | | | | In the future All incidents from the day | | | |
| | On July 17, 2008, a | at 4:00 PM, review of | Resident | | eported, and investigated in accordant | | | |
| | #1's nurse progress | s notes in the residen | ice | | facility policies. | | | |
| | revealed the following | ing entry, dated Febr | uary 7, | | | | | |
| i | 2008: "Note from di | ay program stating bl itored for blood in sto | lood | • | lient # 3 was evaluated by the facility | y nurse | | |
| | | vas made aware." A | | | ased on the day program report of bl | | | |
| | | urse progress note in | | | out no blood was present when he had novement at home. To prevent the re | | | |
| , I | "BM last night, no b | | | | of miscommunication, the nursing sta | | | |
| | AL 4.50 EM | | | | on all incidents that are reported by t | the | | |
| I | At 4:50 PM, the LP. | N Coordinator/ Desig | nated | | rogram to ensure appropriate medica | ı1 [| | |
| | | bout the bloody stool gram staff had discov | | , | intervention. All incidents from the day program will | l he reported | | |
| | blood in the commo | ode; however, they ha | ad not | | and investigated in accordance with fa | cility policies. | | |
| | been sure that it ha | d come from Reside | nt #1. | • | here will be a communication log bet | ween the | | |
| | | hat there had been n | | | ay program and the facility to ensure | | | |
| | | thing. When this sun | | | occurances are documented. The Qmr dialogue with the nurse during the s | | | |
| | the day program by | taken from the FER, Irse wrote having see | In which | | In the future All incidents from the day | | | |
| | "in his rectal area" | the LPN Coordinator | denied | | eported, and investigated in accordan | | | |
| | having seen the FE | R. The Immediate-p | ast | | facility policies. | | | |
| | QMRP was present | t at the time. She in | dicated | | | | | |
| | that she had not be | en informed of a bloc | ody staal, (| | | | | |
| | | ed that she had visite | d the day | | | | | |
| leath Recut | ation Administration | | | | · | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (XS) DATE SURVEY COMPLETED | | | | |
|--|---|---|---------------------------------------|---------------------------------|--|--|--------------------------|--|--|
| | | HFD03-0179 | | B. WING | | 07/17 | //2008 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | ADDRESS, CITY, STATE. ZIP CODE | | | | | |
| RCMO | - WASHINGTON | _ | 1307 45TH WASHINGT | TH PLACE, SE IGTON, DC 20019 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (XS) COMPLETE DATE | | |
| I 379 | incident) and the b brought to her atte The QMRP and LF acknowledged that episode had not be administrator or to Administration, as the facility as an in | ary 11, 2008 (4 days a sloody stool had not be ention. PN Coordinator both t Resident #1's bleeding the reported to their the Health Regulation it had not been perceigury of unknown originals. | ing n ived by | 1 379 | Client # 3 was evaluated by the facilities based on the day program report of but no blood was present when he had movement at home. To prevent the of miscommunication, the nursing stellow-up on all incidents that are put the day program to ensure appromedical intervention. All incidents from the day program wand investigated in accordance with | blood in stool, ad bowel re-occurance taff will eported opriate vill be reported facility policies | | | |
| 1399 | PROVISIONS Each GHMRP shat professional staff to necessary professional staff to necessary professional service individual habilitation necessary by the improfessional service imited to, those set trained, qualified, and District of Columbia disciplines or area. (i) Speech and late of the second service in the following disciplines or area. This Statute is not based on interview GHMRP failed to expressional crede individual providing GHMRP, as requiring the following disciplines or area. | t met as evidenced by and record review, to ensure that a copy of entials was maintained g professional service red by District of Colunciplines or area: | ified or each s at the | | In the future, all incidents of unknobe reported to the administrator, and Regulatory agency. | | | | |
| | The finding is: | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| lealth Requi | ation Administration | | | | The second secon | | remain a | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | | |
|--|---|---|--|--------------------------------|--|--|--|--|
| | <u> </u> | HFD03-0178 | | B. WING_ | | 07/17/2008 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, | STATE, ZIP CODE | · · | | |
| RCMO | WASHINGTON | | | TH PLACE, SE GTON, DC 20019 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLETE | | |
| 1 399 | Continued From pa | ge 7 | | 1 399 | | | | |
| | 2008, beginning at GHMRP failed to pilicense/ professiona for consultant C3, till Pathologist. At appwith the Qualified M Professional verifie | d that the license/ pn s Speech Language v | ne a current vailable uage interview | | The provider is no longer using the s the former Speech and Language Path | | | |
| I 401 | 3520.3 PROFESSI PROVISIONS | ON SERVICES: GEN | NERAL | I 401 | · | · | | |
| | Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. | | | | | | | |
| | Based on observation review, the facility fractions in accordance in accordance. The findings included 1. On July 15, 2000 pass was observed Resident #1 received Depakote, Topama medications he received indicated that these the evening) were findicated that these the evening were from the resided orders (POs). | 8, the morning medic, beginning at 6:67 A ed his medications at x and Keppra were a eived. The medications (plus Tor the control of seizu terwards, at 8:15 AM ent's July 2008 physic | ation M. 7:10 AM. Imong the on nurse egretol in ures. I, by clan's | | Client # 3 diastat was not administrate location of his seizure activities; the nursing staff was not in the facility; he the facility has a seizure protocol to the individual to the ER, and activate necessary for prolonged seizures than or longer. The neurologist was contacted regardialternative medication since seizures be predicted, and client #3 home is no nursing facility. The neurologist stated him to the ER for evaluation; The dias was discontinued by the PCP after conthe neurologist. Refer to attachment # 1 | owever, ansport 911 if a 3 minutes ing possible can not ot a 24hrs to take tat order | | |
| eaith Regula | Resident #1's POs | also reflected the foll | owing: | | | | | |

| ANALE OF PROMOBER OR EUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1307 45TH PLACE, SE WASHINGTON, DC 2019 CAN OF WASHINGTON 120 1 | STATEMENT OF DEFICIENCIES AND PI AN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | | (X3) DATE SURVEY COMPLETED | | | | |
|--|--|---|--|--|----------|--|--|--------|--|--|
| R C M OF WASHINGTON 1307 4STH PLACE, SE WASHINGTON, DC 20019 CAN ID PRICED CANDERICENCY MUST as PRECEDED BY FULL TAGE CANDERICENCY MUST as PRECEDED BY FULL TAGE CANDERICENCY MUST as PRECEDED BY FULL TAGE CANDERICENCY ACTION SHOULD BE CROSS-REPERENCE OT DWE COMPLETE DATE Continued From page 8 1401 Continued From page 8 1401 1401 Co | | | HFD03-0179 | | 1 | | 07/1 | 7/2008 | | |
| Substance Subs | NAME OF P | ROVIDER OR SUPPLIER | | 1 | | | | | | |
| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 1401 Continued From page 8 "Diastat 15 mg Acudial, Insert 1 syringe (15 mg) for seizures lasting more than 3 minutes. Patient to go to ER via 911." On July 16, 2008, Resident #1's neurology and seizure records were reviewed, beginning at 4:45 PM. His seizure protocol (not dated) reflected the order for Diastat and calling 811 for seizures lasting more than 3 minutes. Further review of the resident's chart, however, revealed a repeated failure to administer a Diastat injection following seizure activity, as follows: a. The resident was hospitalized on November 29, 2007 after experiencing multiple (5) seizures, including: 4 minutes at 11:30 AM. Review of the resident's Medication Administration Record (MAR) for November 2007 and relevant Incident and investigation reports failed to show evidence that Diastat was administered. (Note: Diastat was administered. (Note: Diastat was administered. (Note: Diastat was administered. Olisatat. The neurologist wrote a note to the facility on the corresponding consultation report, on the same date, reminding nurses that he was to receive Diastat. c. The resident was again hospitalized on February 13, 2008 after experiencing multiple seizures: minutes at 12:18 PM. Review of the resident's Medication Glient #3 seizures occurred at different locations; for instance, he had satzures in route to his day program, at the PCP's office as well, and at the EF, he spent the night at the hospital, and had no more seizures as per discharge report. | RCMO | WASHINGTON | | 1307 45TH WASHINGT | PLACE, S | SE 20019 | | | | |
| "Diastat 15 mg Acudial, Insert 1 syringe (15 mg) for seizures lasting more than 3 minutes. Patient to go to ER via 911." On July 18, 2008, Resident #1's neurology and seizure records were reviewed, beginning at 4:45 PM. His seizure protocol (not dated) reflected the order for Diastat and calling 911 for seizures lasting more than 3 minutes. Further review of the resident's chart, however, revealed a repeated failure to administer a Diastat Injection following seizure activity, as follows: a. The resident was hospitalized on November 29, 2007 after experiencing multiple (5) seizures, including: 4 minutes at 10:06 AM and 4 minutes at 11:30 AM. Review of the resident's Medication Administration Record (MAR) for November 2007 and relevant incident and investigation reports failed to show evidence that Diastat was administered. [Nota: Diastat was first ordered, at 10 mg, beginning on January 24, 2007.] b. Previously, Resident #1 had experienced a 3-minute seizure on September 4, 2007. At that time, the resident was not administered Diastat. The neurologist wrote a note to the facility on the cornesponding consultation report, on the same date, reminding nurses that he was to receive Diastat. c. The resident was again hospitalized on February 13, 2008 after experiencing multiple seizures: 4 minutes at 9:02 AM and 5 minutes at 9:02 AM and 6 minutes at 9:02 AM and 7 minutes at 9:02 AM and 7 minutes at 9:02 AM and 8 minutes at 9:02 AM and 9 minutes at | PREFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY | FULL | PREFIX | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP | DULD BE | | | |
| | (401 | "Diastat 15 mg Acu for seizures lasting to go to ER via 911 On July 16, 2008, F seizure records we PM. His seizure pr order for Diastat an lasting more than 3 the resident's chart repeated failure to a following seizure ac a. The resident wa 29, 2007 after expe including: 4 minutes at 10:06 4 minutes at 11:30 Review of the resid Administration Rec and relevant incide failed to show evide administered. [Not 10 mg, beginning of b. Previously, Resi 3-minute seizure or time, the resident wa The neurologist wro corresponding cons date, reminding nur Diastat. c. The resident wa February 13, 2008 seizures: 4 minutes at 9:02 A 5 minutes at 12:18 Review of the resident | dial, Insert 1 syringe more than 3 minutes." Resident #1's neurologe reviewed, beginning otocol (not dated) resided calling 911 for selection minutes. Further resided in the calling 911 for selection minutes. Further resided in the calling 911 for selection minutes. Further resided in the calling 911 for selection in the calling for November and instance of November 1 selection of (MAR) for November 1 selection minutes of the calling for the | (15 mg) s. Patient ogy and ng at 4:45 flected the zures eview of a injection vember seizures. onber 2007 reports s rdered, at inced a ince | 1401 | Refer to W 332 P.16 Client #3 seizures occured at difference for instance, he had seizures in route program, at the PCP's office as well, he spent the night at the hospital, and | 7-2 ent locations; to his day properties and at the EF | 9-08 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER | | | A. BUILDIN | · | (X3) DATE SU COMPLE | | | |
|---|--|--|---|---|--|--|-------------------------------|--|
| | | HFD03-0179 | | B. WING_ | | 07/17/2008 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, | STATE, ZIP CODE | | | |
| RCMO | WASHINGTON | | 1307 45TH WASHING | PLACE, S FON, DC 2 | E 20019 . | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE | | |
| l 401 | Continued From pa | ge 9 | | I 401 | | | | |
| | failed to show evide administered. On the Diastat was increase the experienced the d. On July 17, 200 review of Resident (PCP) notes reveal informed the PCP to administration of the pCP to a | 8, beginning at 10:16 #1's primary care phy ed no evidence that i hat the resident had | se of mg after AM, ysician nurses not been | | Client # 3 PCP was aware that he did receive diastat during his seizure activite was in route to his day program; he at her office. The PCP contacted the new who recommended to take client # 3 for evaluation. | ties because had seizure eurologist rologist to the ER | | |
| | administered Diastat as ordered, on the 3 seizure events referenced above. | | | being discontinued. | l | 7-29-08 | | |
| | nursing records fail evidence that the n repeated failure to accordance with Post I. On July 17, 2008 LPN Coordinator at were interviewed in cartridge and syring medication cabinet that they remained all times, with keys 1) The LPN Coord and presented the She acknowledged accessible immedial timedial times. | t, beginning at 11:34 and the RN/Director of the facility. The Diagram were locked in the The LPN Coordinal secured under lock a held only by nursing inator unlocked the collastat cartridge and that the medication vately should Resident | AM, the Nursing stat tor stated and key at staff. abinet syringe, was not | | Refer to W 332 P.16 Client # 3 diastat was not administrate location of his seizure activities; the nursing staff was not in the facility; ho the facility has a seizure protocol to trathe individual to the ER, and activate necessary for prolonged seizures than or longer. The neurologist was contacted regardinal ternative medication since seizures of the predicted, and client #3 home is not not pursing facility. The neurologist stated him to the ER for evaluation; The diast was discontinued by the PCP after consthe neurologist. Refer to attachment # 1 Refer to W 331 (d) P.19 | wever, ansport 911 if 3 minutes ng possible can not ot a 24hrs to take tat order | 7-29-08 7-29-08 7-29-08 | |
| | present in the facilit 2) The LPN Coord was unable to ensu within minutes of R seizure that lasted | inator Indicated that t ire that a nurse could esident #1 experienc | he facility I arrive ing a | | The diastat can only be administrated a nurse; hense it was safely locked in to client # 3 did not receive diastat during because he was in route to his day prothe PCP office; the PCP contacted the recommended to take client # 3 to the ER for evaluation. Currently to order is discontinued. | the cabin g his seizure gram; he ha neurologist v | d seizures at | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER | | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|--|---------------------|--|--|-------|--|
| · al-fabrica | | HFD03-0179 | | B, WING | | 07/17/2008 | | |
| NAME OF PROVIDER OR SUPPLIER STREET AD | | | STREET ADDR | RESS, CITY, | STATE, ZIP CODE | | ` | |
| RCMO | Washington | | 1307 45TH WASHINGT | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | ION SHOULD BE COMPLETE HE APPROPRIATE DATE | | |
| I 401 | the Diastat injection 4) The LPN Coordi Nursing stated that among themselves, had not brought up 5) The LPN Coordi Nursing also acknot discussed the topic 6) When asked if the Resident #1's day pand the RN/Directo they had not check They added, howeve the medication to the 7) Resident #1's day telephone on July 1 day program RN indiscussed "a long to telephone call, she supply and reported a Diastat cartridge "they didn't bring it." Facility nurses faile ensuring that Resident | Resident #1 did not in as ordered. Inator and the RN/Din they had discussed if, then acknowledged the topic with the PC inator and the RN/Din wledged that they had with the neurologist. The medication was a program, the LPN Corrof Nursing both stated with the day progreer, that neither had one day program was contour of Nursing both stated with the day program them any program was contour that neither had one day program was contour that the topic ime" earlier. During the looked in their medical having found no evolution with syringe. She the | receive rector of this issue that they: P. rector of id not vailable at ordinator ted that ram. delivered iselves. acted by f. The had been the cation idence of en stated | 1401 | Client # 3 PCP was aware that he did receive diastat during his seizure actine was in route to his day program; her office as well. The PCP contacted who recommended to take client # for evaluation. Currently the diastat or discontinued. The neurologist was contacted on 7 the diastat order that has not been a due to the location of the seizures act asted 3 minutes or longer. The neurolesponded to send client # 3 to the Ethere is no nurse to administer the distance with his home nurse; however, the facility nurse will ensure that PRI are available a the day program. | vities because he had seizure I the neurolog to the ER order is I 5-08 regardir dministered tivities that clogist ER when astat. | ist S | |
| I 500 | that the rights of re- protected in accord chapter, and other | S RIGHTS lence director shall e sidents are observed ance with D.C. Law 2 applicable District an | ensure and 2-137, this | 1 500 | | | | |
| Health Regu | laws. ation Administration | | | | | er Manaran | - | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) FROVIDER/SUPPLIE IDENTIFICATION NU | | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|---|--|--|--|---|----------------|--------------------------|
| | HFD03-0179 | | | D. WING_ | B. WING 07/1 | | |
| NAME OF P | ROVIDER OR SUPPLIER | | STREET ADDR | ESS, CITY. | STATE, ZIP CODE | | |
| ROMOR | WASHINGTON | | 1307 45TH WASHINGT | | | | |
| (X4) ID PREFIX | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) | | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| ! 500 | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | Client #2 IPP indicated to brush 2 X dand the 3rd time is supposed to be at Mon through Friday; during the week is supposed to brush 3 times daily. The Qmrp has revised the IPP for clie brush 3 X daily. Refer to attachment # It is the responsibility of the agency to the coordination of the outside service to the individuals. The Qmrp has contacted the day proceed to assist client # 2 with toothbrushin at the day program. Furthermore, the nurse coordinator will copy of the previous dental consult for to review prior to the examination. In the future, the nursing staff, and Quensure that the dentist provides the head the current status of individual #2 diagnosed halitosis and periodontitis, there is a continuation of services bet day program and the residence. | the day production #2 Int #3 to 66 Int #4 | ram 8-12-08 | |
| | こっこい イター (いりきじ ロリリ) | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM | | A BUILDI | IPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|-----------------------|--|---|--------------------|
| | | HFD03-0179 | 'D03-0179 | | B. WING | | /2008 |
| NAME OF PROVIDER OR SUPPLIER STREET | | | STREET ADD | RESS, CITY, | STATE, ZIP CODE | <u> </u> | |
| R C M OF WASHINGTON 130 | | | 1307 45TH WASHINGT | PLACE, S TON, DC 2 | E 0019 | | |
| (X4) ID | | TEMENT OF DEFICIENCIE | | Ф | PROVIDER'S PLAN OF CORREC | | (X(5) |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PREFIX TAG | (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | | COMPLETE |
| J 500 | REGULATORY OR LSC IDENTIFYING INFORMATION) | | report calculus hargins lentist stion was alling and 4, 2008 d a full d i calculus hended 3 times ent's effective, ated that ity failed s dental | | Client #2 IPP indicated to brush 2 X cand the 3rd time is supposed to be at you through Friday; during the week is supposed to brush 3 times daily. The Qmrp has revised the IPP for clie brush 3 X daily. Refer to attachment #1 is the responsibility of the agency to the coordination of the outside services to the individuals. The Qmrp has contacted the day procoordinator to implement brushing gleient #2 with toothbrushing while a program. Furthermore, the nurse coordinator we copy of the previous dental consult for review prior to the examination. In the future, the nursing staff, and Q ensure that the dentist provides the hecurrent status of individual #2 diagnosed halitosis and periodontitis and that there is a continuation of set the day program and the residence. It is the responsibility of the agency to the coordination of the outside services to the individuals. | the day progredient #2 Int #3 to 66 Gram Coal to assist the day Ill attach a cor the dentist 8- Imp will come with 100 me | 8-12-08 08-08 |
| ı | | daily and a return visent returned 10 montl | | | The Qmrp has contacted the day pro- coordinator for the implementation of | the | AFRICA A pro- N |
| | (July 6, 2008), at w | hich time the dentist | assessed | | brushing goal to assist client # 2 with | toothbrushin | |
| | "heavy calculus," with the recommendation for additional scaling. As with Resident #2, Resident #1 had a tooth brushing program. There was no | | | | while at the day program. Furthermore,the nurse coordinator w | 8 Illiattach a | -12-08 |
| | | | Resident | | copy of the previous dental consult for | |] |
| | evidence the reside | ent's existing dental c | are | | to review prior to the examination. | | |
| | regimen had been | effective. Even thou | gh the | | In the future, the nursing staff, and Q | | |
| | dentist's findings indicated that his oral hygiene had worsened, the facility failed to propose new | | hygiene | | ensure that the dentist provides the h | ome with | |
| | | | ose new | | the current status of individual #2 | | E. S. |
| | strategies to impro | ve his dental hygiene | . In | | diagnosed halitosis and periodontitis | in wrting. | |
| | addition, the facility at the frequency or | / failed to schedule de dered by the dentist. | ental visits | | | a var prest rustur (SP) var preste | |
| Health Regu | ation Administration | | | | His say | <u> </u> | . 1616 - |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUM | | (X2) MULTI A BUILDIN | PLE CONSTRUCTION | (X3) DATE SU COMPLET | |
|---|--|--|---|-------------------------|--|--|--------------------------|
| | | HFD03-0179 | | 8. WING | | 07/17/2008 | |
| NAME OF PROVIDER OR SUPPLIER STREET A | | | STREET ADD | RESS, CITY, S | STATE, ZIP CODE | | ` |
| R C M O | WASHINGTON | | 1307 45TH WASHINGT | PLACE, SI ON, DC 2 | E 0019 | | |
| (X4) ID DREET TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| 1 500 | GHMRP staff failed consistent with Reconsistent place of (hard) granola be by 1 ½ inches in sichart indicating the "mechanical soft, it Moments later, reconsistent orders should be mechan it should be noted approximately 3:00 records revealed to n diet plans, inclupast month (on Jurat snack time, how had not been effect 3. Based on intendict of the administration of the administration of the four of the four other individuals sofollows: | rvation and record revolute to provide foods in a sident #3's prescribed at approximately 4:07 a granola bar, broken d into his mouth a larger; it was approximate ze. Posted nearby wat he was to receive bite sized portions" of riew of his July 2008 confirmed that his footies soft, bite size. that on July 17, 2008 confirmed that his footical soft, bite size. that on July 17, 2008 of PM, review of staff that staff had received ading food textures, when 27, 2008). The obvever, indicated that the creation accordance will be conserved in accordance will cross-refer to 1401. Invation, the facility fail antiality of personal interesidents of the facility erved by the agency), | riew, a form of dietary PM, staff in half, ge plece ely 1 Inch as a diet food. Ods at raining itraining itraining itraining itraining itraining of dication ith led to formation, ty (and all as | | The staff were trained on dlients diets on 6-27-08; however the training was effective. All staff were re-trained on the client consistency and texture of specific die Refer to attachment # 7 In the future, the facility will ensure the show the effectiveness of training three demonstration. Client #3 day program never discusse order with his home nurse; however, the facility nurse will ensure that PRN are available a the day program. | not s' diets includ ets. hat the staff ough ed his diastat in the future | 8-01-08 |
| Health Deal | diet chart was obs | DB, at approximately 6 erved posted openly (the kitchen. It listed to be a list | on the | | | | |

| | | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUC | | (X2) MULTIPLE CONSTRUCTION A BUILDING | | | (X3) DATE SURVEY COMPLETED | | | |
|----------------------------------|--|---|-------------------------|--|--|------------|-------------------------------|--|--|--|
| HFD03-0179 | | HFD03-0179 | | B. WING | | 07/17/2008 | | | | |
| NAME OF PROVIDER OR SUPPLIER S | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| RCMO | WASHINGTON | | 1307 45TH I WASHINGT | PLACE, S ON, DC 2 | E 0019 | | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | FULL | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY) | | JLD BE | (X5) COMPLETE DATE | | | |
| I 500 | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | CROSS-REFERENCED TO THE APPR | vere removed from magement will ensure lation are kept lasty. It is an are removed a confidentially magement will ensure lation are kept | | | | | |
| Health Regulation Administration | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |